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Title of Document Transmitted: Supplemental Amendment and Interview Summary

Applicant: BLOMQUIST

Serial No.: 09/631,000

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Group Art Unit: 3626

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Claims as Amended

Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Fee
Total Claims								
31	-	25	=	6	x	50.00	=	\$300.00
Independent Claims								
5	-	4	=	1	x	200.00	=	\$200.00
MULTIPLE DEPENDENT CLAIM FEE								\$0.00
TOTAL FILING FEE								\$500.00

Please charge Deposit Account No. 13-2725 in the amount of \$500.00 for Additional Claims in the "Claims as Amended". Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

By:

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